

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13134

State File No.

FILED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3090 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millan Missouri</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 3 1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRIMM'S MEM. Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Otis</u>	b. (Middle) <u>John</u>	c. (Last) <u>R. Dolle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1953</u>
-------------------------------------	------------------------	-------------------------	---------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 13 1906</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
---	--	--	--

13a. FATHER'S NAME <u>John Bailey</u>	13b. MOTHER'S MAIDEN NAME <u>R. Dolle Rosa Lee Beck</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>333 22 0043</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sylvia Morris</u>	ADDRESS <u>Millan Mo</u>
--	--	--	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Rt. Side heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7824</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1</u>
--	--	-------------------------------------

22. I hereby certify that I attended the deceased from April 7, 1953 to April 9, 1953 that I last saw the deceased alive on April 9, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Milton T. Eudiser M.D.</u>	23b. ADDRESS <u>Kirkville Mo.</u>	23c. DATE SIGNED <u>4/9/53</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OWASCO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN COUNTY, MO.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-14-53</u>	REGISTRAR'S SIGNATURE <u>Rate Lambert's</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kentor</u>	ADDRESS <u>Green City, Mo</u>
---	---	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

013
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Karl R. Lent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.